

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	MR-G		9/11/00
O.I.P.E. CLASSIFIER		43	9/15/00
FORMALITY REVIEW	LJ	857	10/12/23/00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 - ..... Restricted 0 ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/10/00
2	✓	✓	9/10/00
3	✓	✓	9/10/00
4	✓	✓	9/10/00
5	✓	✓	9/10/00
6	✓	✓	9/10/00
7	✓	✓	9/10/00
8	✓	✓	9/10/00
9	✓	✓	9/10/00
10	✓	✓	9/10/00
11	✓	✓	9/10/00
12	✓	✓	9/10/00
13	✓	✓	9/10/00
14	✓	✓	9/10/00
15	✓	✓	9/10/00
16	✓	✓	9/10/00
17	✓	✓	9/10/00
18	✓	✓	9/10/00
19	✓	✓	9/10/00
20	✓	✓	9/10/00
21	✓	✓	9/10/00
22	✓	✓	9/10/00
23	✓	✓	9/10/00
24	✓	✓	9/10/00
25	✓	✓	9/10/00
26	✓	✓	9/10/00
27	✓	✓	9/10/00
28	✓	✓	9/10/00
29	✓	✓	9/10/00
30	✓	✓	9/10/00
31	✓	✓	9/10/00
32	✓	✓	9/10/00
33	✓	✓	9/10/00
34	✓	✓	9/10/00
35	✓	✓	9/10/00
36	✓	✓	9/10/00
37	✓	✓	9/10/00
38	✓	✓	9/10/00
39	✓	✓	9/10/00
40	✓	✓	9/10/00
41	✓	✓	9/10/00
42	✓	✓	9/10/00
43	✓	✓	9/10/00
44	✓	✓	9/10/00
45	✓	✓	9/10/00
46	✓	✓	9/10/00
47	✓	✓	9/10/00
48	✓	✓	9/10/00
49	✓	✓	9/10/00
50	✓	✓	9/10/00

If more than 150 claims or 10 actions  
staple additional sheet here

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